

215037866
60577

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 180	Agency Case No. B5-086199	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/17/2015		TIME OF ACCIDENT 0730	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 0734	09/17/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. PIONEERS/ 58TH TO 56TH		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	350.00			PIONEERS		
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES N S E W AND MILES			N S E W OF NEAREST CITY OR TOWN		
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	VEHICLE NO. 1					
F	DRIVER LICENSE NO.	G02111487		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	TERRY L MARSTON		PHONE	4024309310	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/13/1943	
1	OWNER	TERRY L MARSTON / DOROTHY MARSTON		PHONE	4024309310	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB488452	
4	LICENSE PLATE PA NO.	TDY162		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
5	2006	Toyota	UCS	4 door Sedan	gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 2000
V1/O	VEHICLE ID NO. (VIN)	1NXBR32E86Z583956		INSURANCE COMPANY	STATE FARM	
V2/O	TOWED TO	TOWED BY		POLICY NO.	049 1494-C08-27C	
2	VEHICLE NO. 2					
I	DRIVER LICENSE NO.	V02762561		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	DRIVER	JARED M WURTELE		PHONE	4024199830	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	07/27/1980	
1	OWNER	JARED M WURTELE / MICHAEL WURTELE		PHONE	4024199830	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE PA NO.	TKA067		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	2012	Nissan	ATR	2 door Sedan	silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 3000
V2/Q	VEHICLE ID NO. (VIN)	1N4BL2EPXCC217436		INSURANCE COMPANY	AMERICAN FAMILY MUTUAL	
K	TOWED TO	TOWED BY		POLICY NO.	2179-3182-02-65-FPPA-NE	
01	VEHICLE NO. 3					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
VEH. #	NAME	ADDRESS		07/27/1980	01 1 03 4 1	M
2	JARED M WURTELE	7315 PIONEERS #410, LINCOLN, NE 68516				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

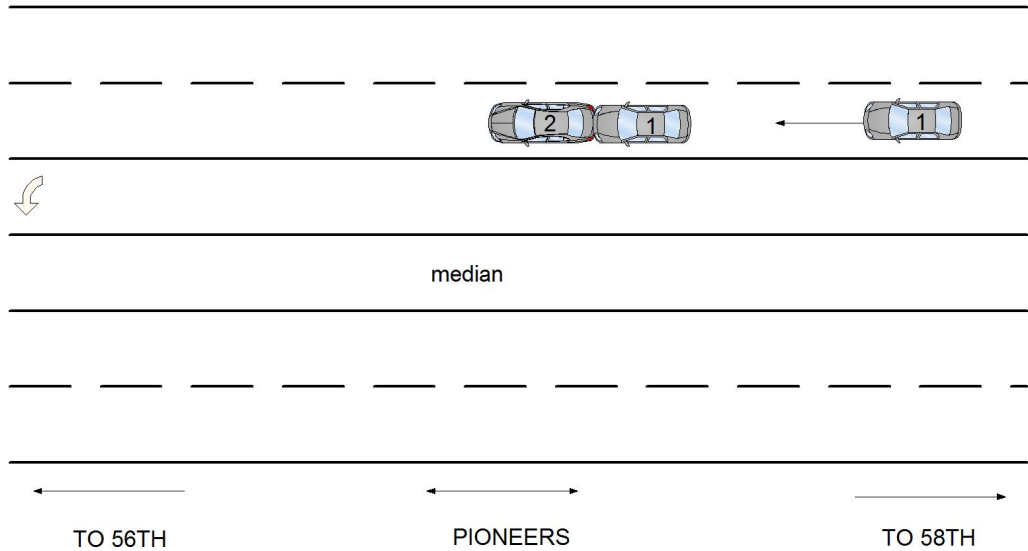
AGENCY CASE NO.
B5-086199

Indicate
North
by Arrow



Not To Scale

350' E OF E OF
56TH
18' S OF N OF
PIONEERS



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Driver of veh. 1 states he was operating a motor veh. WB on Pioneers in the inside through lane between 58th and 56th. Dr. of veh. 1 states as he was driving an item on his passenger seat fell on the floor and he reached to try to catch it. Dr. 1 states by the time he looked back at the road his veh. struck veh. 2 from behind.

Driver of veh. 2 states he was operating a motor veh. WB on Pioneers between 58th and 56th in the inside through lane. Dr. 2 states he was stopped in traffic when his veh. was struck from behind by veh. 1.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME	ADDRESS	PHONE		
	NAME	ADDRESS	PHONE		

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		ALCOHOL/DRUGS SUSPECTED	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	PIONEERS				4		2		Driver No. 1: Y, Driver No. 2: Y, Pedestrian: Y		
2				X	PIONEERS				-		-		Driver No. 1: N, Driver No. 2: N, Pedestrian: N		
1	01	06 Turning left			VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant		BAC LEVEL		
2	11	08 Entering traffic lane			POINT OF IMPACT	01	POINT OF IMPACT	05	2 Deployed - side		2 Lap & shoulder belt used		ALCOHOL/DRUGS SUSPECTED		
				MOST DAMAGED AREA		01	MOST DAMAGED AREA		05	3 Deployed - both front/side		3 Shoulder belt only used		1 Neither alcohol nor drugs suspected	
				00 None		02		03		4 Not deployed		4 Lap belt only used		2 Yes - alcohol suspected	
				09 Top & windows		01		04		5 Not applicable/ No airbag available		5 Child safety seat used		3 Yes - drugs suspected	
				10 Undercarriage		08		07		6 Unknown		6 Child booster seat used		4 Yes - alcohol & drugs suspected	
				11 Total (all areas)		05		06				7 DOT approved helmet used		5 Unknown	
				12 Other								8 Costume helmet used			
												9 Restraint use unknown			
OFFICER NO. 1442				TROOP/TEAM/BEAT SE				DEPARTMENT Lincoln Police Department				Photographs taken? YES NO			
INVESTIGATOR NAME (Print or Type) Reed Pavelka				INVESTIGATOR SIGNATURE Approved by Officer Reed Pavelka				DATE OF REPORT 09/17/2015							